# Sentucky Cabinet for health services Department for public health Division of epidemiology & Health Planning Epidemiologic Notes & Reports

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# Recommendations on the Diagnosis and **Classification of Diabetes Mellitus**

An international committee of experts, convened under the auspices of the American Diabetes Association, reviewed 15 years of research and developed new recommendations regarding the diagnosis and classification of diabetes mellitus. These recommendations, the first since 1979, are supported by the American Diabetes Association, the National Institute of Diabetes and Digestive and Kidney Diseases, and the Centers for Disease Control and Prevention, Division of Diabetes Translation. The full report is in *Diabetes Care*, Vol. 20, No. 7, July, 1997.

## SUMMARY OF MAJOR RECOMMENDATIONS Diagnostic Criteria

- The modified criteria are for diagnosis, and are not treatment criteria or goals for therapy.
- A fasting plasma glucose (FPG) value of ≥126 mg/dl is diagnostic for diabetes. This recommendation is based on new population-based data showing a sharp rise in adverse outcomes (i.e,. microvascular complications) at or near this blood glucose level and an increased risk for macrovascular disease.
- The FPG is the preferred diagnostic test because of its ease of administration, convenience, acceptability to patients, and lower cost. However, the three ways to diagnose diabetes are: a FPG ≥ 126 mg/dl (after no caloric intake for at least 8 hours); or a casual plasma glucose (taken at any time of day) ≥200 mg/dl with the classic diabetes symptoms; or an oral glucose tolerance test (OGTT) value  $\geq 200 \text{ mg/dl}$  in the two hour sample.\*
- A fasting plasma glucose of 110 mg/dl has been chosen as the upper limit of "normal."

## **Classification/Name Changes**

- Eliminate the terms "insulin-dependent diabetes mellitus" (IDDM) and "non-insulin-dependent diabetes mellitus" (NIDDM).
- Use Arabic (type 1 and type 2) rather than Roman (type I and type II) numerals to prevent confusion.
- Type 1 diabetes is characterized by beta cell destruction, usually leading to an absolute insulin deficiency.
- Type 2 diabetes is characterized primarily by insulin

\*In the absence of unequivocal hyperglycemia with acute metabolic decompensation, one of these three tests should be used on a different day to confirm diagnosis.

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*November is National Diabetes Month*  Recommendations on the Diagnosis and
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Selected Reportable Diseases5

resistance combined with relative (rather than absolute) insulin deficiency.

- Retain the category of Gestational Diabetes to describe diabetes that develops during pregnancy. No changes were recommended in the current diagnostic criteria; however, changes were recommended in the area of screening (see the section entitled "who should be tested").
- Two stages of impaired glucose metabolism that are intermediate between normal glucose homeostasis and diabetes have been defined. Although not clinical entities in their own right (in the absence of pregnancy), they are considered risk factors for future diabetes and cardiovascular disease: Impaired Fasting Glucose (IFG), a new category, when fasting plasma glucose is ≥110 but < 126 mg/dl; and Impaired Glucose Tolerance (IGT), an existing category, when results of the more complicated oral glucose tolerance test are ≥140 but < 200 mg/dl (in the two hour sample).

## Who should be tested -- and when

- Testing for diabetes should be considered for all asymptomatic, undiagnosed adults aged 45 years and above; and if normal, repeated at three year intervals.
- Consider testing at a younger age, or more frequently, those who are at higher risk of diabetes, including people who: are obese (≥120% of their ideal body weight or a Body Mass Index [BMI] of  $\geq 27 \text{ kg/m}^2$ ); have a first degree relative with diabetes; are members of a high-risk ethnic group (African American, Hispanic, Native American, Asian); delivered a baby weighing more than nine pounds or were diagnosed with gestational diabetes mellitus; are hypertensive (blood pressure at or above 140/90 mm/Hg); have an HDL cholesterol level of 35 mg/dl or lower and/or a triglyceride level of 250 mg/dl or higher; or on previous testing, had IFG or IGT.

Recommendation of Diabetes Mellitus (see page 6)

# "Epi" Rapid Response Team 1997 10 YEAR ANNIVERSARY

The "Epi" Rapid Response Team was formed in 1987 to assist with the investigation and control of disease outbreaks in Kentucky. Its membership of trained "Responders" now stands at 74 members. New members are added to the roster through participation in a special training course given by the Division of Epidemiology and Health Planning or by conducting an epidemiologic investigation under Division supervision. Except for the eight state staff, all the members are employed by local health departments.

During the September 1997 annual conference at Pine Mountain State Park, five charter members were recognized for their decade of service. Charter members are Virgie Claycomb, ARNP, Lake Cumberland District health Department; Linda Madden, RN, Cumberland Valley District Health Department; Murline Penn, RN, West Bluegrass District Health Department; Martha Vannatter, RN, Fivco District Health Department; and Rhenda Mills, RN, Nurse Epidemiologist, Immunization Program, Division of Epidemiology and Health Planning.

The "Responders" are available to provide consultation about communicable diseases and to assist with the investigation and control of disease outbreaks. Please call the "Responder" in your area if you have questions.

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Celebrates

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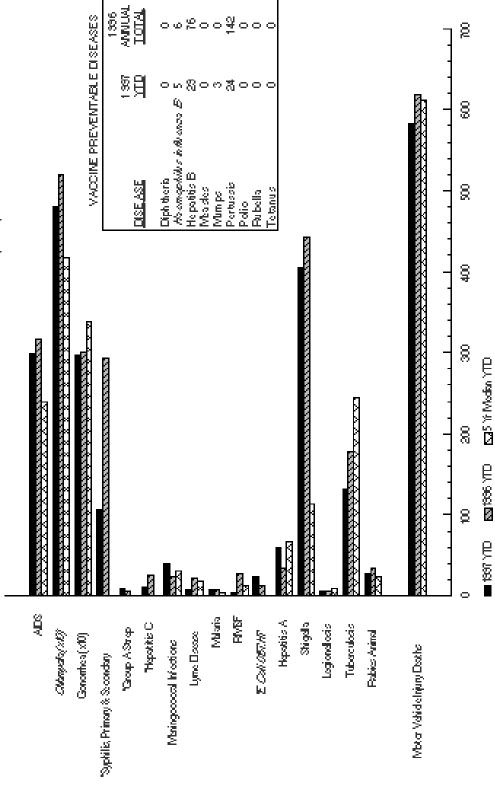
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**Informational Note** - We're experiencing a problem within our "mailroom" when receiving the "Reportable Disease Form" which has been completed and mailed. In the future, please address forms to:

Pat Beeler
Division of Epidemiology & Health Planning
Surveillance & Investigations Branch
275 Foot Main Street, Mail Step US 2 CP

275 East Main Street, Mail Stop HS 2 CB Frankfort, KY 40621-0001

CASES OF SELECTED REPORTABLE DISEASES IN KENTUCKY, YEAR TO DATE (YTD) THROUGH SEPTEMBER 1937



<sup>&</sup>quot;His tarical data are not available. Disease numbers reflectionly that eleans which most the CDC surveillance definition. Constituted by: Patricia Bealer, Surveillance & Investigations Beands.

### KENTUCKY EPIDEMIOLOGIC NOTES & REPORTS

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## Recommendation on the Diagnosis and Classification of Diabetes Mellitus (continued from page 1)

• Selective rather than universal screening is now recommended for gestational diabetes. Women at "low risk" are those who satisfy <u>all</u> of the following criteria: < 25 years old, normal weight, no family history of diabetes, and <u>not</u> a member of an ethnic/racial group with a high prevalence of diabetes.

### Impact of the new recommendations

The number of people who will shift from undiagnosed to diagnosed diabetes utilizing the new recommendations is estimated at 2 million. The diagnosis of diabetes earlier in its course is expected to reduce the long-term human and medical costs of the serious complications of the disease. For more information please call Theresa Renn, RN, CDE, at (502) 564-7996.

References are available upon request.

Reminder . . . .

Encourage adults, especially those in high risk categories, to receive flu and pneumonia immunizations!